

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5576

2. Fiscal Year Covered From:

01 / 01 / 05 Through: 12 / 31 / 05

3. Name and address of person filing.

Name Stephen C. STOVALL

4. Name, file number, and address of labor organization.

Operative Plasterers & Cement Masons
Name Local # 891

Labor Organization File Number 001922

P.O. Box, Bldg., Room No., if any

2035 Forest Hill Lane

Street

City Crofton

State MD

ZIP Code + 4 21114

P.O. Box, Building and Room Number, if any

1517 Kenilworth Ave N.E.

Street

City Washington DC

State DC

ZIP Code + 4 20019

5. Position in labor organization.

Business Agent - TRUSTEE

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Stephen C. Stovall

On

3-1-06 202-398-5858

Date

Telephone Number

Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

① Washington DC Cement MASONS Welfare Fund

Trade Name, if any: ② Washington DC Cement MASONS Pension TRUST Fund.

P.O. Box, Bldg., Room No., if any

C Anday Associates Inc.

Street 4600 Powder Mill Road

City Suite 100

State BELTSVILLE MD

ZIP Code + 4 20705

14.a. Nature of payment.

Check -

51ST Annual International
Foundation of Employee
Benefit Plans Conference
Honolulu HAWAII
Nov - 05

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

3,787.28